

Incident date and time		Incident Location	
<b>STATEMENT</b>			
<b>Are you requesting restitution or willing to pay restitution:</b>			
<input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown     If yes, dollar amount: \$			
<b>§ 16-10-20. False statements and writings, concealment of facts, and fraudulent documents in matters within jurisdiction of state or political subdivisions</b> A person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes a false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of state government or of the government of any county, city, or other political subdivision of this state shall, upon conviction thereof, be punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both. I have either read or had read to me, the above section of the law concerning the concealment of facts, giving false information, or making false or fictitious statements to the officer(s) now conducting this investigation. I understand that a knowing or willful violation of this law can and may result in a legal action or prosecution being taken against me and that I may be jailed, fined, or both, according to the law.			
Signature:		Printed Name:	
Date and Time of Statement:			
Address:			
Date of Birth & Age:		Phone Number & Alternate Phone Number:	
ACO:		Case Number:	
Page:		of :	